



University of Management and Technology  
Sialkot Campus

**LEAVE APPLICATION FORM**

Employee's Name: \_\_\_\_\_

Employee Code: \_\_\_\_\_

Designation: \_\_\_\_\_

Knowledge Unit (KU) / University Staff Office (USO): \_\_\_\_\_

Leave Type: Full  Half  Short

From: \_\_\_\_\_ To: \_\_\_\_\_ Number of Days: \_\_\_\_\_ Hour(s): \_\_\_\_\_

*Note: If any gazetted holiday/OFF comes within the requested leaves, will be treated as leave.*

Leave Category:

Casual / Sick  Annual  Maternity  Hajj / Umrah  Other

Reason of Leave: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Officiating Officer  
Date: \_\_\_\_\_

\_\_\_\_\_  
Head KU / Head USO  
Date: \_\_\_\_\_

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**RECOMMENDATION/APPROVAL**

\_\_\_\_\_  
Director Campus

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**FOR OFFICE USE ONLY**

Leave Record	Casual / Sick	Annual
Previous Balance		
On this Form		
Remaining Balance		

Remarks: \_\_\_\_\_

\_\_\_\_\_  
OHR

Date: \_\_\_\_\_

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1. A leave application of seven or more days must be presented at least seven days in advance.
  2. In Case of Sick Leave for more than three days, a valid medical certificate must be attached.